

RELATIONSHIP BETWEEN ORGANIZATIONS, LEADERSHIP AND PATIENT SAFETY: A LITERATURE REVIEW

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ABSTRACT

Introduction: Patient safety is a critical component of health care quality. Patient safety appears to be influenced mainly by management's determination. Management's improvement of the system itself in a more incremental manner is required in the other high-risk ward types. Nurse leaders need to play a larger role in facilitating efficient and effective measures to improve patient safety and well-being. **Method:** A literature search included an electronic database search (PubMed, ProQuest, EbscoHost, Google Scholar, and Science Direct). Access to websites of organizations dedicated to the enhancement of patient safety, organization, leadership, and a manual search of reference lists of the papers included for the period 2010-2015. **Result:** Nurse Managers play a strategic and ethical role in ensuring patient safety. Promoting understanding and awareness of the underlying values and principles of patient safety in the organization. Nurse managers have a role to play in bringing together all disciplines in order to facilitate patient safety. Managers and policy makers should emphasize developing transformational leadership style and ensuring the use of high performance work system (HPWS) as an important organizational strategy to improve patient safety. **Discussion:** Patient safety is actually to be management's prime task. This insight has a special relevance to improve quality care, which must transmit the idea that patient safety is a major leadership concern. Transformational leadership behaviors of nursing managers will influence staff nurses' attitudes toward safety practices and influence their compliance with safety practices.

Key words: *patient safety, organization, leadership*

INTRODUCTION

Providing high quality safe healthcare is a global challenge for healthcare systems and organizations (WHO, 2011a). Ensuring patient safety is a fundamental principle of healthcare organizations, managers and practitioners' professional responsibility. However, patients continue to experience unsafe care in increasingly complex, high pressure healthcare settings (WHO, 2011a).

Patient safety is comprised of indicators including various items in the literature and among the top of them are patient mortality, failure-to-rescue, pneumonia, pressure ulcers, erroneous medication, patients' accidental falls, and infections (Penoyer, 2010). Patient safety is a critical component of health care quality. The recognition, on the basis of evidence from healthcare and high risk industry, that safety culture plays a vital role in the establishment of patient safety programmers has led efforts to advance patient safety to focus on developing a strong safety culture (McCarthy and Blumenthal, 2006).

Nurse leaders need to play a larger role in facilitating efficient and effective measures to improve patient safety and well-being. For instance, according to Anderson and Townsend (2015), preventing high alert medication error, the most common error in hospital patients—is often a targeted effort in prevention initiatives, yet goals for reducing errors are rarely reached.

Nurses are transformational leaders with strong leadership skills and vision, and they are help improve patient safety cultures. Cummings et al. (2008) highlighted that leadership practices of formal nurse leaders and managers contribute to positive outcomes for their organization, patients, and health care providers. Nurses must advocate for patient safety because they spend more time interacting with patients than most other medical personnel. Nurses must have a leadership role to effectively facilitate treatment and ongoing care, and to encourage health promotion. Finally, in the health care sector, the environment has bearing on outcomes such as

patient safety (Ngo et al., 2009). The dynamic work environment is what forms the organizational climate of the health service organization and it forms a guideline upon which employees to understand organizational life in the health care organizations (Ngo et al., 2009). Thus, organizational climate can be deemed among the top mediating factors in patient safety context (Walston et al., 2010). The purpose of this literature review was to examine the relationship between the organization, leadership, and patient safety.

METHOD

A literature search included an electronic database search (PubMed, ProQuest, EbscoHost, Google Scholar, and Science Direct). Access to websites of organizations dedicated to the enhancement of patient safety, organization, leadership, and a manual search of reference lists of the papers included for the period 2010-2015. The search was specifically used keyword leadership, organizational and patient safety.

A total of 45 titles located from the sources outlined above were screened for relevance according to the inclusion and exclusion criteria in Table 1. Finally, 17 records were included in the review following full text screening by the first author, with validation by two co-author. Thematic analysis of the literature commenced with the first author carrying out an exhaustive reading of all the papers included.

Inclusion and exclusion criteria for literature selection. Inclusion criteria: Empirical and theoretical literature that focused on the assessment of patient safety, organization, and leadership; Studies using quantitative, qualitative or mixed methods assessing (singular aspects of) patient safety culture in the hospital setting; Literature published between 2010 and 2015; Literature published in English. Exclusion criteria: Literature focusing on studies on assessment of patient safety, organization, and leadership conducted in the hospital setting.

RESULTS

Patient safety appears to be influenced mainly by management's determination of how things are done whereas improvement of the system itself in a more incremental manner is required in the other high-risk ward types. Instrument for assessing

patient safety culture (PSC) impact of PSC on clinical quality that compares acute geriatric units with a sample from intensive care, surgery and trauma surgery departments. In the acute geriatric units, higher levels of 'management commitment to patient safety' and lower levels of 'error fatalism' were associated with a reduced incidence of medical errors. In the comparison group, only the variable 'active learning from mistakes' was relevant for safety performance (Johannes S, et al, 2011).

Leadership is a multi-dimensional construct that has been associated with power, influence, management, and prosperity. Leaders are instrumental in guiding, directing, and/or facilitating group advancement and the attainment of goals (Bass & Bass, 2008). The operational definition of leadership for this study is based on Northouse (2007): "leadership is a process whereby an individual influences a group of individuals to achieve a common goal" (p. 3).

Leadership is significantly different from management and while organizations are open to defining management skills for a specific position, they failed to identify leadership skills/attributes needed for the same position. This may be attributed to the fact that the predictive value of the leadership attributes in guaranteeing operational success in terms of organizational outcomes is still ambiguous. Thus, while tacit consensus exists for the effect of leadership behaviors on organizational outcomes like those linked to safety, there is still lack of understanding of the way these behaviors impact outcomes (Joseph & Steensma, 2012). The initial step in determining the effect of these behaviors on the outcomes is to distinguish between leadership and management and to define leadership behaviors on the basis of leadership theories (Eqab, A, et al, 2012). Managers and policy makers should emphasize developing transformational leadership style and ensuring the use of high performance work system (HPWS) as an important organizational strategy to improve patient safety (Alotaibi, E, 2014).

Leadership style is defined as the leader's behaviors, characteristics, and overt and covert mannerisms that drive the attainment of goals and objectives (Bass & Bass, 2008). Others have suggested that leadership style is the collective beliefs, values, and preferences an individual uses in order to

influence others (Abualrub & Alghamdi, 2012; Marquis & Huston, 2009).

Two of the most prominent leadership styles, developed and studied by Bass and Avolio, are transactional and transformational leadership. Transactional leadership is defined as leadership that promotes standard operating procedures and elicits behavior based on exchange relationships (Bass & Riggio, 2005; Bass and Avolio, 1991). In contrast, transformational leadership centers on promoting the intrinsic beliefs and visions of the leader and subsequent adoption of those beliefs by organizational members (Bass & Riggio, 2005; Bass and Avolio, 1991).

Nurse leaders were found to be of critical importance to patients, medical personnel, and the health care system. The guide to improve patient safety. These drivers are (a) leadership, (b) communication, (c) teamwork/collaboration, (d) evidence-based practice (EBP), (e) learning, (f) empowerment, and (g) focus on patient-centered care (Hida, J, 2015).

PCMs (patient care managers) provided data on organizational leadership (formal and informal) for patient safety. Formal organizational leadership for patient safety is an important predictor of learning from minor, moderate, and major near-miss events, and major event dissemination (Liane, R, 2010).

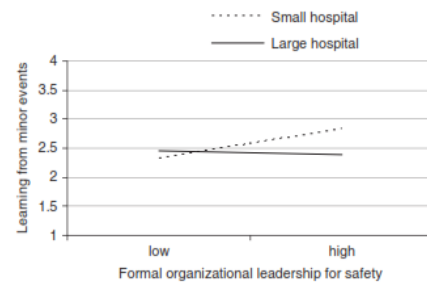
A set of health care institutional practices focusing on the improvement of processes of care that reduce medical errors and mitigate patient harm during the health care experience (Institute of Medicine, 2001; Lindberg, Judd, & Snyder, 2008; Morath & Turnbull, 2005).

Wiegmann, Zhang, von Thaden, Sharma, and Gibbons (2004) defined safety climate as a state of the moment snapshot of safety culture that can be impacted by employee perceptions and attitudes, which is dynamic and may change in a very short period of time.

Although safety climate and safety culture are often used interchangeably (Edwards et al., 2008; Singer et al., 2007; Singla, Kitch, Weissman, & Campbell, 2006), for this study safety culture is simply the expressed collective attitudes of members of a group regarding safety practices (Duthie, 2010; Mearns, Whitaker, & Flin, 2001, 2003).

In addition to their statistical significance, the magnitude of these interaction effects is meaningful. This picture

above shows learning scores for small and large hospitals under conditions of high and low formal leadership.



This picture shows the effect of the interaction between formal leadership and hospital size on learning from minor events and shows that, in small hospitals, an increase of 2 SDs in formal leadership increased learning from minor events by approximately 27 percent. These results lend empirical support to important theoretical papers that have argued that leadership for safety, and a culture where safety is seen as a priority for the organization, is critical for improving safety processes and outcomes (Barach and Small 2000; Reinertsen 2000; Frankel, Leonard, and Denham 2006; Leape 2007). Nasiripour A.A., Masoudi-asl I, and Hesami F (2012) found the significant relation between organization and nurses' overall perception dimensions, feedbacks of nurses' mistakes, no punitive responses to nurses' mistakes, volume of work, patient transferring across wards, and reported events frequency. So the patient safety and patient safety culture can be improved by increasing the participation of staffs, in particular nurses. Liane, R (2010) found that relationship between organization, leadership and patient safety behaviors such as learning from safety events. Formal leadership support for safety is of particular importance in small organizations where the economic burden of safety programs is disproportionately large and formal leadership is closer to the front lines. Eqab, A, et al (2015) explain this study supported the relationship between transformational Leadership and organizational climate and the relationship between organizational climate and perception of patient safety. Finally, this study confirmed the full mediating effect of organizational climate on the relationship between Transformational Leadership and perception of patient safety. The findings of the study are of a great value to both theory and

practice and have important implications for practitioners and policy-makers. Alotaibi, E (2014) found that effective reporting system had significant effect on the frequency of occurrence of negative errors that may threaten patient safety. This study also revealed that the level of organizational climate mediated the relationship between HPWS and overall perception of patient safety. The findings of this study suggest that managers and policy makers should emphasize developing transformational leadership style and ensuring the use of HPWS as an important organizational strategy to improve patient safety.

DISCUSSION

These results have implications as they support the premise leadership and organizational culture to be more transformational in nature than transactional. Significance was found between the leadership perceived and one of the patient safety variables, Organizational resources for patient safety. Health researchers face many challenges as they try to assess “improved patient safety outcomes” and factors or interventions that might lead to these improved outcomes PSEs are not easily defined and measured in health care. Nurse leaders must be facilitate a change in culture by educating, mentoring, and supervising the operations of different departments as well as the coordination of services. Nurse leaders integrate services, correct inadequate policies and procedures, oversee performance improvement among medical personnel and in the nursing department, and mitigate medical errors. Transformational leaders must advocate and communicate with strong vision, and be mindful of mutual respect. Nurse leaders convey a strong sense of advocacy and support on behalf of patients and staff. The seven drivers of patient safety could lead to a myriad of improvements in health care.

CONCLUSION

Ensuring patient safety is actually to be management's prime task. This insight has a special relevance for improve quality care, which must transmit the idea that patient safety is a major leadership concern. Transformational leadership behaviors of nursing managers will influence staff nurses' attitudes toward safety practices and influence their compliance with safety practices. Furthermore, the present

literature review reveals a need for robust research to clarify how organizational policies that improve patient safety, nursing leadership type in health care should be tackled

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